

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                  |                                    |               | Application or Docket Number<br><b>10/820,127</b> |                     | Filing Date<br><b>04/08/2004</b> |                     | <input type="checkbox"/> To be Mailed |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|---------------------------------------------------|---------------------|----------------------------------|---------------------|---------------------------------------|---|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  | (Column 2)                         |               | SMALL ENTITY <input checked="" type="checkbox"/>  |                     | OR                               |                     | OTHER THAN SMALL ENTITY               |   |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA                     | RATE (\$)                          | FEE (\$)      | RATE (\$)                                         | FEE (\$)            |                                  |                     |                                       |   |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                |               | N/A                                               |                     |                                  |                     |                                       |   |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                |               | N/A                                               |                     |                                  |                     |                                       |   |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                                                                                                                                                           | N/A                              | N/A                                |               | N/A                                               |                     |                                  |                     |                                       |   |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                     | minus 20 =                                                                                                                                                                                                                    | *                                | X \$                               | =             | OR                                                | X \$                | =                                |                     |                                       |   |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                               | minus 3 =                                                                                                                                                                                                                     | *                                | X \$                               | =             |                                                   | X \$                | =                                |                     |                                       |   |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                    | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |                                  | TOTAL                              |               |                                                   | TOTAL               |                                  |                     |                                       |   |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                               |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                  | (Column 2)                         |               | (Column 3)                                        |                     | SMALL ENTITY                     |                     | OR OTHER THAN SMALL ENTITY            |   |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>01/19/2010</b>                                                                                                                                                                                                             | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$)                                         | ADDITIONAL FEE (\$) | RATE (\$)                        | ADDITIONAL FEE (\$) |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.16(i))                                                                                                                                                                                                        | * 51                             | Minus                              | ** 51         | = 0                                               | X \$26 =            | 0                                | OR                  | X \$                                  | = |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.16(h))                                                                                                                                                                                                  | * 4                              | Minus                              | ***5          | = 0                                               | X \$110 =           | 0                                | OR                  | X \$                                  | = |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               |                                  |                                    |               |                                                   | TOTAL ADD'L FEE     | 0                                | OR                  | TOTAL ADD'L FEE                       |   |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | Total (37 CFR 1.16(i))                                                                                                                                                                                                        | *                                | Minus                              | **            | =                                                 | X \$                | =                                | OR                  | X \$                                  | = |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.16(h))                                                                                                                                                                                                  | *                                | Minus                              | ***           | =                                                 | X \$                | =                                | OR                  | X \$                                  | = |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                      |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               |                                  |                                    |               |                                                   | TOTAL ADD'L FEE     |                                  | OR                  | TOTAL ADD'L FEE                       |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                                                                                                                                                                                                               |                                  |                                    |               |                                                   |                     |                                  |                     |                                       |   |

Legal Instrument Examiner:  
/Kim Downing/

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.